Tax and License Division 20 E 6th Street, 3rd floor Tempe, AZ 85281 (480) 350-2955

Solicitor Business Application



SECTION I BUSINESS INFORMATION

SECTION I BUSINES	55 INFURMATIO	N					
Business Name			DBA Name				
☐ Individual ☐ Pa	rtnership Co	rporation LLC	☐ Non-Profit	□ Other _			
Street Address			City		State	Zip	
Mailing Address			City		State	Zip	
Phone Number		Fax Number		Email			
BUSINESS ADDRESSES F	FOR THE PAST 5 YEA	ARS BEGINNING WITH I	PREVIOUS ADDRE	SS			
From To Com			olete Street Address City, State				
SECTION II BUSINE					•	64	
An individual application mu Owners, Partners,	st be filled out for each Name	n person having a control	ling interest			% ownership	
LLC Members, or							
Officers (For additional names	Name						
please attach list)	Name						
Managing Owner							
Corporate or LLC	Name				Phone Number		
Statutory Agent	Address		City		State	Zip	
SECTION III BACKG	ROUND INFORM	IATION					
Have you previously o	perated in this or a below:	another city or state	under a license	during the p	previous 5 yea	ars? □ Yes □ No	
Name			Location		Lic	License Number	
Was your license ever	revoked? □ Yes	s □ No If yes, exp	lain:				
I CERTIFY THAT THE STA AGREE AND UNDERSTAN AND CONSIDERATION TO INVESTIGATION AND FOR RESPONSIBLE FOR THE F	ID THAT ANY FALSIF), BE LICENSED IN TH R CAUSE MAY BE DEI	ICATION OF MATERIAL HE CITY OF TEMPE. I F NIED AND THAT THE AF	FACTS MAY CAUS URTHER UNDERS PLICATION FEE IS	SE FORFEITUI TAND THAT T S NON-REFUN	RE ON MY PART HIS APPLICATION NDABLE. I REAL	OF ALL RIGHTS TO, ON IS SUBJECT TO LIZE THAT I MAY BE	
Date Applicant's Na		Applicant's Name			Applicant's Signature		